



STATE OF MAINE

Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

Third Party Administrator License Application

1. Name of applicant company:		2. Date of application:
3. Principal address:	4. Address where records are kept:	5. Federal ID#:
6. Bond carrier:	7. Bond amount:	8. Bond number:
9. Contact person: (for billing purposes)	10. Position:	11. Direct phone:
13. Type of organization: • Individual • Trust • Union • Corporation • Partnership • Other (explain) _____ <i>Foreign Corporations (Title 13-A M.R.S.A. §1202), Foreign Limited Partnerships (Title 31 §492), Limited Liability Companies (Title 31 §712), or Limited Liability Partnerships (Title 31 §852) must apply to the Maine Secretary of State for authority to do business in the State of Maine. Call 207-624-7752 for registration procedures. Enclose proof of approval.</i>		
14. Is the applicant licensed in any other state to perform similar service? • Yes • No If yes, list state(s) and license number, etc. Label as Exhibit A.		
15. Attach a list of all officers, directors, partners (if applicable) and controlling persons, and positions held. Label as Exhibit B. A. "Directors" refers to board of directors; executive committee or other governing board as applicable. B. "Controlling persons" refers to ultimate ownership or control as defined in Title 24-A M.R.S.A. §222.		
16. Do you handle premium payments? • Yes • No	17. Do you handle money on behalf of a plan sponsor, insurer, or other entity providing benefits? • Yes • No	18. Do you pay claims? • Yes • No
19. Attach a list of each program in the State of Maine for which you provide TPA services. Identify each program by the following: plan sponsor and any affiliations, company receiving services, type of service performed, and type of business being serviced (indicate whether self-insured or fully insured plan). Label as Exhibit C.		
20. Describe all fiduciary accounts maintained (type of account, purpose of account, parties to the account) and indicate institution where account is held. Label as Exhibit D		
21. Complete bond calculation on back and submit required bond with application.		

Bond Calculation: (Based on projections for following year)

A. Premiums collected/received	\$ _____	Provide supporting documentation.
B. Claims paid	\$ _____	Provide supporting documentation.
C. Sum A & B	\$ _____	
	× .05 (5%)	
Necessary bond amount (C × .05)	<div style="border: 1px solid black; padding: 2px;">\$ _____</div>	

Signature of Principal Officer

Type or Print Name of Principal Officer

Title

IN WITNESS WHEREOF, the said company has
affixed its seal and caused this application to be
signed by the principal officer and/or Attorney-
in-Fact on this _____
day of _____ Two Thousand and
one.

FEES: Please do not submit any fees with application. You will be billed a licensing fee once a license has been approved.